

Drop Off Sheet

PRIOR YEARS TO BE FILED 20__, 20__, 20__, 20__, 20__, 20__, 20__, 20__, 20__, 20__

Do you fit into any of the following situations? If YES, you are NOT eligible to participate in this program.

<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Farming Income	<input type="checkbox"/> Professional/Business Income
<input type="checkbox"/> Commission Income	<input type="checkbox"/> Pre/Post Bankrupt Return	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Deceased Returns	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Investment income over \$1000
<input type="checkbox"/> Employment Expenses	<input type="checkbox"/> Other Complex Returns	
<input type="checkbox"/> Single (over \$30,000)	<input type="checkbox"/> Married Couple (over \$40,000, plus \$2,500 for each dependent)	
<input type="checkbox"/> Single Parent (over 35,000, plus 2,500 for each additional dependent)		

IF MARRIED OR COMMON LAW, PLEASE COMPLETE

FOR SPOUSE/COMMON LAW PARTNER

MR/MRS/MS__ MALE__ FEMALE__

MARITAL STATUS ON DECEMBER 31, 20__?

(PLEASE TICK ONE)

Married Widowed Divorced Single
Common Law Separated

Did marital status change at any time during 20__?

If yes, what was the date of change? _____

SOCIAL INSURANCE NUMBER _____

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH **Day**__ **Month**__ **Year**__

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

MR/MRS/MS__ MALE__ FEMALE__

MARITAL STATUS ON DECEMBER 31, 20__?

(PLEASE TICK ONE)

Married Widowed Divorced Single
Common Law Separated

Did marital status change at any time during 20__?

If yes, what was the date of change? _____

SOCIAL INSURANCE NUMBER _____

INCOME FOR 20__ : \$ _____

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH **Day**__ **Month**__ **Year**__

ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER HOME _____

WORK _____

- What province did you live in on December 31, of the current tax year? _____
- If filing for **prior years** fill in province you lived in on December 31, of each year to be filed? _____
- Did you immigrate to Canada in the current tax year, and if so on what date? D/M/Y _____
- Are you a Canadian citizen? ____ Yes ____ No
- Authorization for Elections Canada? ____ Yes ____ No
- Are you the main caregiver for someone with a disability or chronic illness? ____ Yes ____ No
- Are you applying for the GSTC? ____ Yes ____ No
- Do you claim the Disability Tax Credit for yourself or a dependent? ____ YES ____ NO
- Do you have tuition/education amount? Carry forward amounts? ____ YES ____ NO \$ _____
- Do you have childcare, children's fitness, children's art class expenses? ____ YES ____ NO \$ _____
- Do you have medical expenses? ____ YES ____ NO \$ _____
- Do you have charitable donations? Carry forward amounts? ____ YES ____ NO \$ _____ CF \$ _____
- Do you have monthly bus pass receipts to claim? ____ YES ____ NO \$ _____

***Must have bus passes AND receipts**

T4 Slip

Issuer's name	Box 14 (24 & 26) Income	Box 16 CPP/QPP	Box 18 EI	Box 22 Tax Deducted	Box 44 Dues	Box 46 Donations	Box 20 RPP Contributions	Box 52 Pension Adjustment

T5007 Slip

Box 10 WCB	Box 11 Social Assistance	Box 14 Rate

MB Rent
Assist

RC62 Slip

Box 10 Total Benefits Paid

T4A(OAS)

Box 18 Taxable Pension Paid	Box 19 Gross Pension Paid	Box 20 Overpayment Recovered	Box 21 Net Supplement Paid	Box 22 Income Tax Deducted	Box 23 Québec Income Tax Deducted	Other	Other	Other

T4A(P)

Box 14	Box 15	Box 21 # of Months - Disability	Box 23 # of Months - Retirement	Box 22 Income Tax Deducted	Box 13 Onset of Effective Date	Other		

T4A

Box 16 Pension or Superannuation	Box 18 Lumpsum Payments	Box 24 Annuities	Box 22 Income Tax Deducted					

T4E

Box 14 Total Benefits Paid	Box 22 Income Tax Deducted

T4RRIF

Box 16 Taxable Amounts	Box 28 Income Tax Deducted				

T4RSP

Box 16 Annuity Payments	Box 22 Withdrawal & Comm. Payments	Box 28 Other Income or Deductions	Box 30 Income Tax Deducted		

T5

Box 25 Taxable Amount of Eligible Dividends	Box 26 Dividend Tax Credit for Eligible Dividends	Box 11 Taxable Amount of Dividends Other Than Eligible Dividends	Box 12 Interest from Canadian Sources	Box 13 Canadian Interest	

T3

Box 49 Actual Amt of Eligible Dividends	Box 50 Taxable Amt of Eligible Dividends	Box 51 Dividend Tax Credit for Eligible Dividends	Box 21 Capital Gains	Box 30 Capital Gains Eligible for Deduction	

CHILDREN INFORMATION (CHILDREN IN YOUR CARE ONLY)

First Name	Last Name	Date of Birth (D/M/Y)	Relationship	Net Income

ELIGIBLE DEPENDANT INFORMATION

First Name	Last Name	Date of Birth (D/M/Y)	Relationship	Net Income

RENT OR PROPERTY TAX

Address	Number of Months	Total Rent paid in 20____?	Property Taxes		School Taxes	
			Taxes paid (\$)	Credit Received (\$)	Amount paid (\$)	Seniors school tax credit (\$)

Proper Identification provided and verified for security purposes: YES NO

PLEASE COMPLETE and then Sign the Form TIS60, located on the back. Please note that if the form is not completed, we will not be able to complete or electronically file your return. Thank you.



Community Volunteer Income Tax Program Taxpayer Authorization

Protected B
when completed

Tax year 20

- Complete **Section I** to allow a Community Volunteer Income Tax Program (CVITP) volunteer to prepare your income tax and benefit return.
- Complete **Section II** if you would like your return to be electronically filed. The CVITP volunteer must complete parts **E** and **F**.
- Keep all records used to prepare your return for a period of six years, and provide this information to the Canada Revenue Agency (CRA) on request.
- The CRA is responsible for ensuring the confidentiality of your electronically filed tax information **only** after the CRA has accepted it.
- Keep this form for your records. **Do not send a copy to the CRA.**

Section I – Authorization

Part A – Identification

Last name		First name		Social insurance number (only enter last 3 digits)	
				X X X X X X	
Mailing address: Apt. No. – Street No. Street name			Telephone number (home)		Telephone number (work)
P.O. Box	R.R.	City		Prov./Terr.	Postal code

Part B – Disclaimer

I am fully aware that my income tax and benefit return is being prepared by a volunteer under the Community Volunteer Income Tax Program and that this volunteer is not acting as an agent of the Canada Revenue Agency.

Signature (individual identified in Part A)

Date

Signed at (place and name of organization)

Section II – Electronic filing (EFILE)

Part C – Declaration

Enter the following amounts from your income tax return:

Total income (line 150)

Taxable income (line 260)

Total federal non-refundable tax credits (line 350 of Schedule 1)

Refund (line 484)

or
Balance owing (line 485)

Part D – Declaration and authorization

I declare that the information entered in Part A and the amounts shown in Part C above are correct and complete, and fully discloses my income from all sources. I also declare that I have read the information above, and the electronic filer identified in Part E is electronically filing my income tax and benefit return.

Signature (individual identified in Part A)

Date

CVITP volunteer must complete parts E and F

Part E – Electronic filer identification

By signing Part D above, the individual in Part A declares that the following person or organization is electronically filing his or her income tax return. Part D **must be signed** before the return is electronically transmitted.

Name of person or organization:

Electronic filer number:

Part F – Document control number

Document control number for the electronic record of the individual's return:
